

*Other Registered Nurses  
at the  
Heber Hospital*

HUSBAND

Born \_\_\_\_\_ Place \_\_\_\_\_  
Chr. \_\_\_\_\_ Place \_\_\_\_\_  
Marr. \_\_\_\_\_ Place \_\_\_\_\_  
Died \_\_\_\_\_ Place \_\_\_\_\_  
Bur. \_\_\_\_\_ Place \_\_\_\_\_

HUSBAND'S FATHER

HUSBAND'S MOTHER

HUSBAND'S OTHER WIVES

WIFE

Born \_\_\_\_\_ Place \_\_\_\_\_  
Chr. \_\_\_\_\_ Place \_\_\_\_\_  
Died \_\_\_\_\_ Place \_\_\_\_\_  
Bur. \_\_\_\_\_ Place \_\_\_\_\_

WIFE'S FATHER

WIFE'S MOTHER

WIFE'S OTHER HUSBANDS

SEX M F	CHILDREN		WHEN BORN			WHERE BORN			DATE OF FIRST MARRIAGE		WHEN DIED		
	Given Names	SURNAME	DAY	MONTH	YEAR	TOWN	COUNTY	STATE OR COUNTRY	TO WHOM		DAY	MONTH	YEAR
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													

SOURCES OF INFORMATION

OTHER MARRIAGES

NECESSARY EXPLANATIONS

Husband

Wife

Merle GARDNER

Ward  
Examiners:

1.

2.

Stake or  
Mission

NAME & ADDRESS OF PERSON SUBMITTING SHEET

RELATION OF ABOVE TO HUSBAND

RELATION OF ABOVE TO WIFE

FOUR GENERATION SHEETS FOR FILING ONLY

YES ☐

NO ☐

DATE SUBMITTED TO GENEALOGICAL SOCIETY

LDS ORDINANCE DATA

BAPTIZED (Date) ENDOWED (Date) SEALED (Date and Temple)

HUSBAND

WIFE

SEALED (Date and Temple)  
WIFE TO HUSBAND  
CHILDREN TO PARENTS